

☒ Initial Application
☐ Amended Application
Date: 3/7/2021



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

PAC21-001

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COMMITTEE TYPE (choose one):

☐ Candidate

Committee Name (required):
(first or last name & office)

SAFE COMMUNITY for EVERYONE JM

Candidate Information:

Candidate's Name (required): _____

Candidate's mailing address (required): _____

Candidate's email address (required): _____

Candidate's phone number (required): _____

Candidate's website (if any): _____

Office Sought (choose one):

☐ Governor ☐ Secretary of State ☐ Attorney General ☐ State Treasurer
☐ Superintendent of Public Instruction ☐ State Mine Inspector ☐ Corporation Commissioner

☐ State Senate ☐ State House of Representatives ☐ District (required): _____

☐ County Office: _____ ☐ District (if applicable): _____

☐ City/Town Office: _____ ☐ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): _____

Party Affiliation:

☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: _____

(required for partisan offices)

☒ Political Action Committee (PAC)

Committee Name (required):
(if sponsored, must include
sponsor's name)

SAFE COMMUNITY for EVERYONE

Political Function (optional):
(select any that apply)

☒ Contributions ☒ Candidate-Related Independent Expenditures
☐ Ballot Measure Expenditures ☒ Recall Expenditures

Sponsorship Information:
(if applicable)

Sponsor's name or nickname (required): _____

Sponsor's mailing address (required): _____

Sponsor's email address (required): _____

Sponsor's phone number (if any): _____

Sponsor's website (if any): _____

Special Status
(if applicable)

☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
☐ Standing Committee (must also complete separate standing committee registration)
☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

☐ Political Party

Committee Name (required):
(must include party affiliation)

Jurisdiction:

☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status
(if applicable)

☐ Standing Committee (must also complete separate standing committee registration)

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(office use only)
PAC 21-001

COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): PO BOX 8152 NUALAPAI, AZ 86412
Committee's email address (required): MORGAINE4LD5@YAHOO.COM
Committee's phone number (if any): (928) 515-4333
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): J'AMIE MORGAINE
Chairperson's physical address (required): 4370 N CHARLES DR KINGMAN 86409
Chairperson's mailing address (if different): PO BOX 8152 NUALAPAI, AZ 86412
Chairperson's email address (required): MORGAINE4LD5@YAHOO.COM
Chairperson's phone number (required): (928) 515-4333
Chairperson's employer (required): N/A
Chairperson's occupation (required): N/A

Treasurer's Information:
Treasurer's name (required): CAROL CAMPBELL
Treasurer's physical address (required): 3355 W SMITH DRIVE GV 86413
Treasurer's mailing address (if different): _____
Treasurer's email address (required): CECLTL@YAHOO.COM
Treasurer's phone number (required): (928) 522-3348
Treasurer's employer (required): RETIRED
Treasurer's occupation (required): RETIRED

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): CHASE
Additional bank name (if applicable): NATIONAL BANK OF ARIZONA
Additional bank name (if applicable): BANK OF AMERICA

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

Chairperson's signature: J'AMIE MORGAINE Date: 3/15/2021
Treasurer's signature: CAROL CAMPBELL Date: 3/15/21
Candidate's signature (if applicable): _____ Date: _____